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Weekly Bulletin

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Vol. IV, No. 17 JUNE 6, 1925 GUY P. JONES EDITOR

Supervision Necessary In Children's Summer Camps.

No summer outing is more profitable to the city child than that of the well conducted summer camp. Six or ten weeks of camp routine, with its schedule of work and play, is apt to make any child more robust, more self-reliant and resourceful, better able to cooperate with others and a keener lover of outdoor life and nature.

But, with such quantities of camps to choose from—mountain, lake, forest and grove—how are parents to know which is most desirable?

Since the first aim of the summer camp is to produce healthy youngsters, the wise parent will look into the provisions that are made for insuring good health. In the first place, it is well to make a study of the camp site. More than natural beauty of landscape and bracing air are needed to make the summer camp a safe place for children. Very important is it that the camp have a safe water supply and a sanitary method of waste disposal.

Care should be taken that the camp does not receive its water from polluted streams or unsafe wells. Those in charge of a summer camp have failed in their duty if they have not had an analysis made of the water supply. In most camps, not too remote from civilization, standard sanitary equipment can and should be installed. This should at all times be kept in good working order, or it may constitute a serious menace to health.

When parents have satisfied themselves that the camp has made ample provision for its sanitation, they should concern themselves with possibilities for contagion. When so many children from various communities and states are gathered into one camp, there always is danger of the outbreak of communicable diseases. Among a group of children there are almost certain to be carriers and often actual beginning cases of disease. The well conducted camp will provide for the examination of the children before they encamp and for periodic examinations of each child during the period of their attendance.

If a child should fall ill, there should be provision in the camp for his prompt isolation, and some one with sufficient knowledge of control measures should take the situation in hand.

The better camps will require that before the child is admitted, he must be vaccinated against smallpox and immunized against typhoid fever. It would be well if the child is also protected against diphtheria.

Most camp leaders make wise requirements as to the amount of warm clothing and bedding that the children must provide. Too, they are restricted from taking an excess of such commodities.

These, then, are some of the precautions that parents should take in enrolling their child in a summer camp. What the camp offers in the way of special recreation and education is a matter for personal preference. A good thing to do, however, before the child is entered in any camp is to have a complete physical examination made of him. He might

have a weak heart that would not stand strenuous swimming, long hikes, canœ races or other athletic events of the summer camp.—*Hygeia.*

A Newspaper Editorial Upon Disease Control.

Under the caption, "The Battle With Disease," the Glendale *Press* recently published the following interesting edi torial:

"In many respects science is winning its battle against disease. Years have been added to the span of human life. Maladies that once were dreaded, their appearance in any community sufficient reason for panic, have been robbed of their power to terrify. They have been subdued, and in instances eliminated. People of mature years remember well when yellow fever used to sweep the south. Then in the north "benefits for yellow fever sufferers" were periodical functions. Smallpox, which in olden time was a veritable plague, claiming its millions, is nothing to be feared, except that ignorance sometimes declines to exercise precautions against it. Diphtheria and scarlet fever also have been brought into nearly complete control.

Of course the dream of the utter banishment of disease is a dream and nothing more. Though the average longevity be much extended, there is no method of preventing the arrival of old age. That the mortal unit must disappear sooner or later may as well be accepted as a fact. As people must die, there must be methods of dying; and whatever the method provided by nature, doubtless it will be classed as a disease.

Mortuary statistics for California in 1924 possess a certain melancholy interest. Dissolution was ascribed to the heart in 10,574 cases of a total of 56,751 deaths. "Nervous diseases," a term somewhat vague, claimed 6383, while tuberculosis, that in other years and for many years stood at the head of such lists, took 6023. Of cancer victims there were 5114. The last is one enemy not only still defiant, but more defiant than ever. Even its cause has not been ascertained, and except as to its earlier stages, and then not invariably, no remedy has been devised. However, research is busy, and such high authorities as the Drs. Mayo express the hope that they are close upon important discoveries."

The object is not to find out how well you are, but to find out how much better you could be, and what is the weak part and how to increase its powers.

Good Habits may be Taught.*

By Dr. D. A. Thom.

Tendencies toward thinking and acting in certain ways, which are called habits, are the outgrowth of training and experience. They are not inherited. We begin to form habits at birth and go on through life, forming them quickly and easily in youth and more slowly and with difficulty as the years advance. The oftener the act is repeated or the thought is indulged in the more lasting the habit becomes. Since habit formation begins early and is more or less constant throughout life it is of great importance that emphasis be placed upon establishment of desirable habits.

A young child has certain characteristics that make the acquiring of new habits easy. For one thing, he is suggestible; that is, he accepts without reasoning about it anything which comes from a person he looks up to. "My father said so" or "My mother did it" makes a thing absolutely right for a little child. Again, a child naturally tends to imitate the words, actions, and attitudes of the people around him, and this makes it of the greatest importance that older people furnish him the kind of models they want to have copied. Furthermore, a child wants to please those he loves and wants to have them say so. At first it is only father or mother or some one in the immediate family whose good opinion he wants. Then it is the kindergarten or school teacher. Finally, at 9 or 10, the praise or blame of his playmates or of the gang leader concerns him more than anything else. When this stage is reached parents should not be disheartened and think that their boy is developing into a black sheep. It is a perfectly natural stage which children pass through and which calls only for greater care in the selection of wholesome companions.

This attitude of concern regarding what other people think is a force that parents may use in developing right conduct. Rarely is a child found who does not care for the approval of some one, and training should make a child realize that it is to his advantage to win approbation for desirable acts. Praise for unselfishness, kindness, and general consideration for others tends to perpetuate that type of conduct.

*This article is part of Publication No. 143 of the Children's Bureau of the U. S. Department of Labor, Washington, D. C. The entire bulletin may be secured free by writing to the bureau.

Health of Night Workers Important.

The average individual who is able to work during daylight hours and sleep during the night seldom gives a thought to the large number of people who work at night in order that food and essential comforts may be available to the waking world. Bakers, drairymen, newspapermen, factory and mill hands, miners, printers, railroad operatives, policemen, firemen night watchmen and many others belong to the large class of night workers. Dr. C. R. Hervey of the New York State Department of Health states that, owing to the abnormal conditions under which they labor, these workers are subject to definite functional disorders which may pave the way to organic disease. He says further:

"Night workers have peculiar needs and are subject to special dangers. Unquestionably they live under abnormal conditions, turning night into day and day into night. They are often subject to influences which undermine their physical condition and pave the way for diseases not directly attributable to the particular occupation involved. It is true that many continue in night work for years without suffering apparent harm. On the other hand it is also probably true that most night workers gradually weaken under the strain and sooner or later return to day work. The difference is in part due to different individual adaptability, but more to the care the worker takes of himself, for night work need not necessarily be detrimental to health.

The physical effects of night work, if long continued, are about the same in the various occupations involved. The ills which arise are not distinctly those of the individual occupations, but include a fairly distinct group of symptoms due largely to various phases of physical exhaustion. The most pronounced signs are nervousness, indigestion and fatigue. These symptoms emphasize the fact that neglect of personal care, rather than the work itself, causes the trouble.

Although the primary disabilities resulting from night work are largely functional in character, they often pave the way for specific organic disease. Tuberculosis, for example, may have its inception in the physical exhaustion resulting from night work.

The problem of regular hours of rest is often difficult for the night worker. It is most important that this be solved, for no one is capable of maintaining his health and strength with insufficient sleep. The night worker should be careful to set apart a certain definite period for rest. This should correspond approximately to the usual hours of night rest. Just as few day workers go to bed immediately after the evening meal, so the night toiler may have a morning period of relaxation corresponding to the evening of the working day. However, many difficulties arise. There are business, household and other duties to attend to. There are amusements, the lure of the crowd, and the pleasing instinct to loiter in the sunlight. These pursuits often overlap and cut into the proper bedtime hours.

The sleeping room is often ill adapted for restful repose. Light may not be sufficiently excluded, resulting in what may be termed border line sleep. Ventilation is a difficult problem, especially in hot weather. With curtains down to exclude light, the room becomes hot and stuffy; on the other hand, with shades up and windows open, light and street noises are likely to disturb the sleeper. The sleeping room of the night worker should be as far away from the noise of the street as possible, and then by the use of portable screens the light may be excluded without interfering with ventilation.

The problem of the night worker's nutrition is equally important. His supper is the family breakfast, their dinner an extra meal to enjoy which he often breaks his rest, and their supper his breakfast; his dinner is the cold lunch from the dinner pail at midnight. The night worker should remember that nothing so quickly disturbs the digestive function as broken sleep. With a proper amount of rest he should as nearly as practicable plan his daily life on a parallel with that of the customary routine of the day worker.

Preservation of health in these night employments is largely in the laborer's own hands. Many are tempted to pursue both night and day activities, and yield to the constant temptation of social allurements. Those who toil at night should reflect that it is only by the wise regulation of the daily routine, until the habit of such routine is firmly established, that physical competence can be preserved."

MORBIDITY.*

Diphtheria.

89 cases of diphtheria have been reported, as follows: Los Angeles 32, San Francisco 17,

* From reports received on June 1 and 2 for week ending May 30.

Los Angeles County 11, Sacramento 5, Glendale 5, Stanislaus County 2, Oakland 4, Stockton 1, Bakersfield 1, Pasadena 1, Colfax 1, San Luis Obispo County 1, Salinas 1, Hermosa Beach 1, Huntington Park 2, Richmond 1, Fresno County 1, Santa Cruz County 1, Selma 1.

Scarlet Fever.

96 cases of scarlet fever have been reported, as follows: Los Angeles 22, San Francisco 15, Long Beach 9, Humboldt County 1, Alameda County 1, Sunnyvale 1, Kern County 4, Santa Clara County 4, Stanislaus County 1, Fresno 1, Sacramento 1, Oakland 1, Pasadena 3, Riverside County 2, Arcata 1, Selma 1, Los Angeles County 4, Lakeport 2, Imperial County 1, Bakersfield 1, Monterey Park 1, Fresno County 2, San Jose 3, Torrance 1, Huntington Park 1, Santa Ana 1, Tulare County 4, Visalia 1, Orange 1, Santa Barbara 1, Glendale 1, Selma 1, Riverside 2.

Measles.

62 cases of measles have been reported, as follows: Los Angeles 40, Los Angeles County 9, Monterey County 2, Monrovia 1, Pasadena 2, Rialto 1, Richmond 1, Huntington Park 1, Lynwood 2, Glendale 1, Orange County 1, Tulare County 1.

Smallpox.

106 cases of smallpox have been reported, as follows: Los Angeles 40, Oakland 17, Los Angeles County 10, Riverside County 6, Monterey Park 5, Sacramento 5, Long Beach 1, Sierra County 1, Lassen County 2, Petaluma 2, Pacific Grove 1, Lincoln 2, Berkeley 2, Santa Clara County 1, San Jose 2, Lynwood 2, Santa Barbara 2, Santa Ana 4, Orange County 1.

Whooping Cough.

256 cases of whooping cough have been reported, as follows: Los Angeles 48, Berkeley 43, Los Angeles County 23, Stockton 29, Pasadena 12, San Joaquin County 8, Oakland 10, Riverside County 8, Fresno County 5, Fresno 6, San Jose 6, Santa Ana 4, Napa 3, Glendale 2, Riverside 9, Long Beach 8, Santa Paula 4, Oakdale 1, El Dorado County 1, Ukiah 1, Palo Alto 1, Sunnyvale 1, Albany 2, Tuolumne County 4, Sonora 3, La Habra 1, Bakersfield 1, Hawthorne 1, Huntington Park 1, Alhambra 4, Monrovia 3, San Gabriel 1, Ventura County 1, Venice 1.

Typhoid Fever.

11 cases of typhoid fever have been reported, as follows: Riverside 1, Sacramento County 3, San Joaquin County 1, Los Angeles 1, Imperial County 2, Riverside County 1, Placer County 1, California 1.

Epidemic Encephalitis.

Monterey Park reported one case of epidemic encephalitis.

Epidemic Meningitis.

7 cases of epidemic meningitis have been reported, as follows: Taft 1, Napa County 1, Los Angeles County 2, Los Angeles 1, San Francisco 2.

Leprosy.

2 cases of leprosy have been reported, as follows: Los Angeles 1, Los Angeles County 1.

Poliomyelitis.

9 cases of poliomyelitis have been reported, as follows: Los Angeles 2, Los Angeles County 1, San Francisco 1, Fresno 1, Orange County 1, Santa Ana 1, Williams 1, Long Beach 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1925				1924			
	Week ending			Reports for week ending May 30 received by June 2	Week ending			Reports for week ending June 1 received by June 4
	May 9	May 16	May 23		May 10	May 17	May 24	
Anthrax	0	0	0	0	0	0	0	0
Chickenpox	234	271	280	148	367	353	288	255
Diphtheria	94	137	105	89	207	244	251	234
Dysentery (Bacillary)	2	1	0	4	1	1	2	0
Epidemic Encephalitis	0	3	1	1	2	0	1	3
Epidemic Meningitis	3	1	3	7	1	1	2	1
Gonorrhoea	94	77	159	64	97	67	82	80
Influenza	38	188	38	20	26	19	23	12
Leprosy	1	1	1	2	0	1	0	0
Malaria	0	1	1	1	4	2	4	7
Measles	55	88	76	62	1337	836	891	565
Mumps	415	416	326	211	56	83	107	72
Pneumonia	36	78	79	34	49	51	42	29
Poliomyelitis	4	10	8	9	1	0	0	0
Scarlet Fever	145	137	117	96	204	220	157	145
Smallpox	139	157	111	106	277	276	224	172
Syphilis	166	67	135	109	131	91	78	107
Tuberculosis	259	203	210	109	174	221	252	150
Typhoid Fever	5	6	10	11	12	24	10	15
Whooping Cough	486	495	410	256	62	55	51	30
Totals	2176	2337	2070	1339	3008	2545	2465	1877

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